

Self Care for Postpartum Mothers Viewed from Cultural Factors Prohibition

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Abstract—Reproductive health in women is an issue of sexuality and reproduction which is related to pregnancy examination services, the birth process and post-natal treatment. The maternal mortality rate and infant mortality rate are indicators of reproductive health which in Indonesia are still high compared to other countries. This research is quantitative research with an analytical type. The research method used is cross sectional. The sample of this study consisted of 35 respondents. This research instrument uses a checklist sheet and questionnaire regarding the culture of abstinence and self-care. Data analysis was carried out univariate and bivariate. Bivariate analysis was carried out using Kendall's Tau-b test. Based on the research results, there were 57.1% of postpartum mothers who did not abstain and there were 62.9% of postpartum mothers who had positive self-care. The results of the bivariate analysis test showed that 31.4% of postpartum mothers were abstinent and had positive self-care. The results of the Kendall's tau-b test show a p-Value of $0.007 > 0.05$, so it can be concluded that H_0 is rejected and H_a is accepted. There is a relationship between cultural taboos and self-care among postpartum mothers. It is hoped that health workers can increase education regarding the culture of taboos on self-care among postpartum mothers.

Keywords— Postpartum; Abstinence Culture; Self Care.

I. INTRODUCTION

Postpartum is the period that begins after the birth of the placenta and ends when the uterus returns to its normal state as before pregnancy, which lasts for 6 weeks or 42 days. During the recovery period, the mother will experience many physical changes that are physiological in nature and cause a lot of discomfort in the early postpartum period, which does not rule out the possibility of becoming pathological if not followed by good care.¹

According to WHO (2019), the maternal mortality rate is the number of maternal deaths resulting from pregnancy, childbirth and postpartum processes which is used as an indicator of women's health status. The Maternal Mortality Rate (MMR) is one of the global Sustainable Development Goals (SDGs) targets in reducing the maternal mortality rate (MMR) to 70 per 100,000 live births by 2030.²

According to WHO (2019), the maternal mortality rate (MMR) in the world is 303,000 people. The Maternal Mortality Rate (MMR) in ASEAN is 235 per 100,000 live births.³

According to the Indonesian Demographic and Health Survey (SDKI) data, the Maternal Mortality Rate (MMR) in Indonesia increased from 228 per 100,000 live births in 2002-2007 to 359 per 100,000 live births in 2007-2012. The Maternal Mortality Rate (MMR) decreased in 2012-2015 to 305 per 100,000 live births and the number of maternal deaths in Indonesia in 2019 was 4,221 cases.²

Based on data from the Bogor City Health Service, in 2019 the maternal mortality rate increased again by 14 cases of maternal death or 69 per 100 thousand live births. The basic causes of maternal death are the mother's level of education, physical and cultural environmental health, family economic conditions and household work patterns.⁴

The postpartum period is the period after giving birth to a baby and is also usually called the recovery period, meaning the state of recovery of the reproductive organs as before pregnancy. The postpartum period is a critical phase in a mother's life, because many major changes occur during this period. However, quality health care at this time is often not carried out properly and of course this can have fatal consequences and can cause maternal death.⁵

The role of health workers is very important in providing good care during the postpartum period, however in practice postpartum mothers still use the services of traditional birth attendants, especially for those who live in rural areas.⁶

Postpartum maternal care is care for mothers who are experiencing the postpartum period or have just given birth so that their reproductive organs return to normal.⁷ Its function is to provide care and facilities so that both psychological and physical healing can proceed normally. The process of restoring health during the postpartum period is very important for mothers after giving birth. Because during pregnancy and childbirth physical and psychological changes occur.⁵

The theory of self-care (self-care) was put forward by Dorothea E. Orem in 1971 and is known as self-care deficit nursing theory (SCDNT). Self-care is defined as a form of a person's behavior in maintaining life, health, development and the life around him. In the concept of self-care, Orem emphasizes that a person must be responsible for implementing self-care for themselves and be involved in making decisions for their health.⁸

A problem that often occurs in society is abstinence from food after giving birth, even though after giving birth a woman needs sufficient nutrition to restore all her genitalia. Postpartum mothers who abstain from food do not realize that their actions will affect the slow recovery of their health to normal and can

also affect breast milk production. Abstinence (abstinence) from food should not be done by post partum mothers because it can slow down the healing process of perineal suture wounds, whereas the wound healing process really requires protein, so post partum mothers are advised to eat in the correct pattern according to the quality and quantity.⁹

Many cultural practices have a negative influence on maternal health behavior, making them more likely to experience infection. In some cultures, abstinence from food for pregnant and postpartum women can affect nutritional intake⁹.

According to experts, there are several types of restrictions for postpartum mothers, including food restrictions, where postpartum mothers must avoid foods that cause allergies, such as seafood, nuts, eggs, spicy foods, foods that are too sweet or salty, alcoholic drinks and foods that can cause constipation as can foods low in fiber. Activity restrictions, where postpartum mothers must avoid activities that are too heavy and lifting heavy weights. Abstinence from sexual relations, where the mother avoids this during the postpartum period because of the risk of infection. Abstinence from smoking, postpartum mothers are advised to avoid cigarette smoke and smoking, because it can trigger irritation and respiratory problems in babies. These restrictions may vary according to the condition of the postpartum mother⁹.

The relationship between culture and health is very close, culture can shape habits and responses to health and disease in all societies regardless of level.¹⁰ That's why it's important for health workers to not only promote health, but also make them understand the process by which a disease occurs and how to straighten out the beliefs or culture they hold in relation to health.¹¹

Cultural beliefs can also influence postpartum care needs, including: the need for nutritional intake, bathing during the postpartum period, and other care that has been a tradition for generations in the area.¹¹

Based on the research results of Lili et al (2020), it was found that the knowledge factor is related to culture in postpartum care. The community culture referred to in this research is abstaining from food during the postpartum process. Knowledge factors influence postpartum mothers to decide whether to abstain from eating or not during the postpartum period. Most mothers who have high knowledge do not abstain from eating, this is because mothers have good knowledge about health so they can regulate their diet and nutritional intake to maintain their health, so that the healing process of perineal wounds is faster.¹²

Rahmawati's research results showed that 33.3% of postpartum mothers had unmet nutritional needs. The nutritional needs of postpartum mothers are not met due to several reasons, including the culture of abstinence from food among postpartum mothers. He stated that postpartum mothers are not allowed to consume eggs, chicken, fish and other foods that come from the sea¹³

From the results of a preliminary study conducted by researchers with interviews with postpartum mothers, it was found that there are taboos, namely that you are not allowed to eat fishy things such as tuna and fruit because it is believed that this can cause a fishy smell in breast milk and cause the

offspring to become fertile quickly, as it is known that fish contains lots of protein which is really needed by postpartum mothers to speed up the healing process of surgical wounds, perineal wounds and even speed up uterine involution, as well as the vitamins contained in fruit are good for pregnant women and it is forbidden to sleep during the day, where naps are highly recommended for mothers after giving birth. At night, mothers often wake up and don't even sleep a full night to breastfeed or accompany a fussy baby, so a nap can replace the rest needs that must be met.

Based on this phenomenon, the author feels it is important to conduct research on the Influence of Cultural Abstinence on the Care and Needs of Postpartum Women at the Central Bogor Community Health Center, Bogor City.

II. MATERIALS AND METHODS

This research is quantitative research which is a research method that tests certain theories by examining the relationship between culture and self-care in mothers. This research uses an analytical type of research with a cross-sectional design so that no further observations are carried out.

This research was carried out at the Bogor Tengah Health Center, Bogor City on 7-11 June 2023. The population in this study was postpartum mothers at the Central Bogor Puskesmas in 2023, totaling 35 postpartum mothers. The sample in this study was all postpartum mothers at the Central Bogor Community Health Center, Bogor City, totaling 35 respondents.

The variables in this research consist of the independent variable or independent variable, namely the culture of abstinence and the dependent variable or dependent variable, namely the self-care of postpartum mothers.

This research uses research instruments in the form of checklist sheets and questionnaires. This checklist sheet is to assess and provide a mark or checklist for each appearance of complete or incomplete symptoms of the observation target. Meanwhile, this questionnaire is a cognitive function questionnaire with 8 statement indicators which are measured using the Guttman scale with provision for answer choices. Where the results of data collection using questionnaires and check list sheets were given to respondents, namely postpartum mothers at the Central Bogor Community Health Center, Bogor City. In carrying out data collection, before the research, an explanation is given about the research flow that will be carried out. Before giving the questionnaire, each respondent was given a check list sheet for the respondent to fill in and explained that the respondent's participation in filling out the questionnaire was free without coercion, the respondent could accept or refuse to become a respondent.

The methods of data collection in this study are primary data and secondary data. Primary data is data obtained based on direct surveys to research locations, conducting interviews or administering questionnaires consisting of several statements to respondents to answer. In this study, primary data was obtained by distributing questionnaires about self-care to postpartum mothers at the Central Bogor Community Health Center, Bogor City. Meanwhile, secondary data is data that researchers have collected from various existing sources such as journals,

institutions, reports, etc. In this research secondary data was obtained through information from the Bogor Tengah Health Center, Bogor City.

Data processing and data analysis methods using SPSS for Windows. Data analysis consists of univariate and bivariate analysis. Univariate analysis is analyzing one variable which aims to describe each variable to be studied including characteristics. Bivariate analysis is data analysis carried out on two variables that are thought to be related or correlated. This research's bivariate analysis uses Kendall's Tau-b correlation test theory. Kendall's Tau-b test is used to test the relationship between two variables on an ordinal scale. This research aims to determine whether or not there is a relationship between the culture of abstinence and self-care among postpartum mothers at the Central Bogor Community Health Center, Bogor City.

III. OBSERVATION AND RESULTS

TABLE 1. Frequency Distribution of Respondents Based on Age

S.No	Age	Frequency	Percentage (%)
1	23	1	2
2	24	2	4
3	25	5	10
4	26	2	4
5	27	4	8
6	28	5	10
7	29	5	10
8	30	2	4
9	31	2	4
10	32	5	10
11	35	2	4

Based on table 1 characteristics of respondents based on age, of the 35 respondents there were 20 respondents aged 25-32 with a presentation (10%).

TABLE 2. Frequency Distribution of Respondents Based on Parity

S.No.	Parity	Frequency	Percentage (%)
1	Primipara	15	42.9
2	Multiparous	20	57.1

Based on table 2, characteristics of respondents based on parity, of the 35 respondents there were 20 respondents (57.1%) with multiparous parity.

TABLE 3. Frequency Distribution of Cultural Abstinence in Postpartum Women

S.No.	Parity	Frequency	Percentage (%)
1	Abstinence	20	57.1
2	Abstinence	15	42.9

Based on table 3, the frequency distribution of cultural abstinence among postpartum mothers at the Central Bogor Community Health Center is 35 respondents, there are 20 respondents (57.1%) who do not abstain.

TABLE 4. Frequency Distribution of Selfcare for Postpartum Mothers

S.No.	Parity	Frequency	Percentage (%)
1	Negative	13	37.1
2	Positive	22	62.9

Based on the results of table 4, the frequency distribution of self-care among postpartum mothers at the Central Bogor

Community Health Center, out of 35 respondents, there were 22 respondents (62.9%) who were positive about abstaining from self-care.

TABLE 5. Relationship between Cultural Abstinence and Self Care in Postpartum Women

Abstinence culture	Self-care in postpartum mothers						P Value	Odds Ratio
	Negative		Positive		Total			
	N	%	N	%	N	%		
Abstinence	9	25.7	11	31.4	20	57.1	0.007	2,250 (0.531-9.536)
Abstinence	4	11.4	11	31.4	15	42.9		
Total	13	37.1	22	62.9	35	100.0		

Based on the results of the Table of Self Care for Postpartum Mothers in terms of the Abstinence Culture factor at the Central Bogor Community Health Center, from 35 respondents, it was found that 11 (31.4%) postpartum mothers were abstinent with positive self care at the Central Bogor Community Health Center, Bogor City.

The results of statistical tests using Kendall's tau-b showed a p value of 0.007, which means the p value <0.05 means Ho is rejected and Ha is accepted. This means that there is a significant relationship between the two variables.

IV. DISCUSSION

a. Cultural Abstinence for Postpartum Mothers

Based on the results of research conducted regarding the culture of abstinence among postpartum mothers at the Central Bogor Community Health Center, out of 35 respondents, some respondents did not abstain, namely 20 respondents (57.1%).

Abstinence culture is a complex that includes knowledge, belief, art, morals, law and customs as well as other abilities and habits that humans have as part of society (11).

Abstinence culture is a legacy in the form of culture from ancestors, which has been around for hundreds of years and is still followed by those who were born later. The culture of abstinence is followed because it is thought to provide a kind of life guidance for them. This culture of abstinence is considered very good by those who have it, in fact it is considered that they cannot change or abandon it. The taboos themselves have so many variations based on the customs of a region where each region usually has its own various taboos that are traditional in nature. Of all the existing taboos, some of them have disappeared or are not implemented and some are still implemented today (11).

Indonesian society consists of various ethnicities and cultures which greatly influence people's life behavior, one of which is health behavior. The culture of abstinence among postpartum mothers still occurs in society. However, some people already understand the culture of abstinence, one of which is postpartum mothers. Where postpartum mothers should have no restrictions, both in terms of food, activities and personal hygiene. This can speed up the recovery period during the postpartum period¹³.

The results of research by Rentika Fitri and Fauziyatun in 2016, found that there were 29 postpartum mothers (76%) who did not abstain but had good postpartum care.¹³.

Rahmawati's research results showed that 33.3% of postpartum mothers had unmet nutritional needs. The failure to fulfill the nutritional needs of postpartum mothers is caused by several things, including the fact that there is still a culture of abstinence among postpartum mothers (11).

Based on the results of this research, it can be concluded that there are postpartum mothers who do not have a culture of abstinence. There are various kinds of restrictions for postpartum mothers, namely restrictions on food and activities. Due to the restrictions that postpartum mothers undertake, this can result in less than optimal recovery during the postpartum period, so it is recommended that postpartum mothers do not have any restrictions during postpartum recovery.

b. Self Care To postpartum mothers at the Central Bogor Community Health Center

Based on the results of research conducted regarding self-care for postpartum mothers at the Central Bogor Community Health Center, out of 35 respondents, the majority of respondents had positive self-care, there were 22 respondents (62.9%).

Self Care for postpartum mothers, it is care for pregnant women who have finished giving birth until the womb organs return to the way they were before pregnancy, approximately 6-8 weeks. However, all genital organs only recover to their pre-pregnancy level within 3 months (7).

Self Care in postpartum mothers, this is self-care carried out by postpartum mothers and assisted by health workers regarding the care carried out by postpartum mothers in maintaining the reproductive organs during the postpartum period starting from the end of labor and until the reproductive organs return to their pre-pregnancy state. aims to prevent infection, increase comfort and speed healing (11).

Self Care The postpartum period actually starts from the time of urination to avoid the possibility of post partum bleeding and infection. If there is an injury to the birth canal or an episiotomy scar, suture and care for the wound as best as possible. Birth attendants must remain alert for at least 1 hour after delivery, to prevent the possibility of post-partum bleeding (11).

As times change, postpartum mothers aged 25-32 years today prefer to eat healthy foods to improve healing without any restrictions. Increase your intake of whole grains, vegetables, fruit, protein and fluid intake, especially if the mother is breastfeeding. Apart from eating healthy foods, postpartum mothers also exercise to increase the mother's energy during the postpartum period. Tears in the birth canal must be taken care of to avoid infection by carrying out treatment, namely by not using a pad that is too thick, but changing the pad after every urination or defecation. After urinating, dry the wound area with a soft, clean cloth¹².

The results of research by Rentika Fitri and Fauziyatun in 2016, it was found that 66.8% or around 26 people had positive self-care in postpartum care for healing perineal wounds.¹³.

Based on the research results above, it can be concluded that postpartum mothers have positive self-care, namely being able to understand how to care for themselves to avoid infection and

speed up the recovery period. Information regarding self-care during the postpartum period is also very much needed (10).

c. Self Care for Postpartum Women is reviewed from the Cultural Abstinence factor at the Central Bogor Community Health Center

Based on the results of statistical tests on Self Care for Postpartum Mothers in terms of the Abstinence Culture factor at the Central Bogor Community Health Center, out of 35 respondents, it was found that the largest number of respondents had abstinence and positive self care, namely 11 respondents (31.4%).

The results of statistical tests using Kendall's tau-b obtained a p value = 0.251, which means p value > 0.05, so Ho is accepted and Ha is rejected. This means that there is no significant relationship between the culture of abstinence and self-care in postpartum mothers.

Self Care Culturally based on what mothers do during the postpartum period, it is divided into the categories of massage, dietary restrictions and activities (7).

Research conducted by Marcelia & Nisa (2018) on the relationship between the culture of abstinence and self-care of postpartum mothers from this study concluded that the more abstinence a mother needs during the postpartum period, the more food she eats will affect the healing of perineal wounds (10).

The relationship between the culture of abstinence and the self-care of postpartum mothers from this research concluded that the more abstinence a mother needs during the postpartum period, the more it will affect the healing of perineal wounds (10).

Based on theory and previous research results, the study concluded that there was no relationship between the culture of abstinence and self-care in postpartum mothers (12).

Self-care During the postpartum period it is necessary because during the postpartum period women will experience many changes in themselves, both physically and psychologically. This is important to do because it can restore the general health of postpartum mothers⁸.

The culture of abstinence during the postpartum period influences the speed of the wound healing process after childbirth. Postpartum mothers who do not have any restrictions can carry out good self-care, this is because there is a lot of information about good self-care during the postpartum period, such as caring for perineal wounds, changing sanitary napkins as often as possible, washing from front to back with clean water and drying, patterns get enough rest, consume foods high in protein, iron and drink enough water. This can help in the recovery process during the postpartum period. Therefore, postpartum mothers should not have any restrictions and practice positive or good self-care¹².

The results of this study are in line with Sondang's research in 2017 which stated that there was no relationship between age and abstinence culture which influenced self-care for perineal wounds in postpartum mothers. It can be concluded that in postpartum mothers who abstain, the majority of perineal wounds heal by themselves and 77.27% take good care of

themselves. Where the p-value test results are $0.007 > 0.005$, which can be concluded that H_0 is accepted and H_a is rejected¹⁴.

Based on theory and previous research results, researchers concluded that there is a relationship between the culture of abstinence and self-care among postpartum mothers at the Central Bogor Community Health Center, Bogor City.

V. LIMITATIONS OF STUDY

1. The process of collecting respondent data in this study uses a questionnaire. When filling out the questionnaire sheet, some of the respondents had to be accompanied in filling out the questionnaire.
2. The collection of the questionnaire was hampered due to having to wait until a new patient was replaced.

VI. CONCLUSION

Based on the results of research entitled Self Care for Postpartum Mothers, reviewed from the factors of Abstinence Culture at the Central Bogor Community Health Center, the research can draw conclusions. The results of statistical tests on the relationship between abstinence culture and self care for postpartum mothers at the Central Bogor Community Health Center, Bogor City, out of 35 respondents, it was found that the highest number of respondents had a culture of abstinence. with self-care as many as 11 (73.3%) respondents and the results of the Kendall's tau-b statistical test obtained p value = 0.007, which means (> 0.05) then H_a is rejected.

Conflict of Interest: None

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